

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|--|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>3-9-05</u> | | 2 Serial/Patent # <u>09/648847</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| | Filing | | \$ | | | | | | | |
| | Amendment | | \$ | | | | | | | |
| | Extension of Time | | 10-18-04 \$ 280 | | | | | | | |
| | Notice of Appeal/Appeal | | \$ | | | | | | | |
| | Petition | | \$ | | | | | | | |
| | Issue | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | \$ | | | | | | | |
| | Maintenance | | \$ | | | | | | | |
| | Assignment | | \$ | | | | | | | |
| | Other | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND \$ 280 | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> </tr> </table> | | 5 | 0 | -- | 0 | 3 | 4 | 5 |
| 5 | 0 | -- | 0 | 3 | 4 | 5 | | | | |
| 10 REASON: | | | | | | | | | | |
| | Overpayment | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | |
| <i>Fee not necessary.</i> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Karen Crears</u> | | TITLE: <u>Pets, Exm.</u> | | | | | | | | |
| SIGNATURE: <u>Karen Crears</u> | | PHONE: <u>272-3208</u> | | | | | | | | |
| OFFICE: <u>DAC for Patents</u> | | | | | | | | | | |
| ***** | | | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | |
| APPROVED: <u>Alicia Kelly</u> | | DATE: <u>3/10/05</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: